



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

BILL ALEXANDER
PO BOX 121589
ARLINGTON TX 76012

Respondent Name

STATE OFFICE OF RISK MANAGEMENT

Carrier's Austin Representative Box

Box Number 45

MFDR Tracking Number

M4-12-3672-01

MFDR Date Received

August 27, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Dr. Bill Alexander requests Medical Dispute Resolution in pursuant of Rule 133.305 Medial Dispute Resolution in the above referenced patient's case.

These services were requested and prescribed by the Division. The above referenced designated doctor performed the MMI examination and assigned the IR, but he did not perform the range of motion, strength, or sensory testing of the musculoskeletal body area(s), that means he should bill using the appropriate MMI CPT code 99546 with component modifier -26. Reimbursement for the examining doctor is 80% of the MAR.

The physical therapist and/or health care provider other than the examining doctor that performs the range of motion, strength, or sensory testing of the musculoskeletal body, the physical therapist and/or health care provider will bill with the component – TC. In this instance, reimbursement to the physical therapist and/or health care provider is 20% of the MAR."

Amount in Dispute: \$165.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "... Upon notification of this dispute the Office performed a review of the medical billing received from [injured worker] for date of service 5/8/2012 and determined that no additional reimbursement is warranted ... The Office had requested a Designated Doctor Exam to evaluate MMI/IR of the Lumbar Spine and Hip. The requestor was reimbursed the MMI portion and Impairment rating portion for 1 body are using ROM. The report further indicates that the impairment rating is assessed for lumbar spine utilizing the DRE category II at 0% Whole person impairment which is consistent with AMA Guide to evaluation of permanent impairment 4th edition."

Response Submitted by: State Office of Risk Management

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 08, 2012	CPT Code 99456-W5-26	\$120.00	\$120.00
	CPT Code 99456-W5-TC	\$30.00	\$0.00

	CPT Code 99080-73	\$15.00	\$0.00
Total		\$165.00	\$120.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 amended to be effective May 31, 2012, *37 Texas Register* 3833, applicable to medical fee dispute resolution requests filed on or after June 1, 2012, sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204 sets out the fee guideline for workers' compensation specific services on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated June 13, 2012

- 17 – Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate
- 97 – The benefit for this service is included in the pymt/allowance for another service/procedure that has already been adjudicated

Explanation of benefits dated June 21, 2012

- W1 – Workers Compensation State Fee Schedule Adjustment
- 97 – The benefit for this service is included in the pymt/allowance for another service/procedure that has already been adjudicated

Explanation of benefits dated July 09, 2012

- B13 – Previously paid. Payment for this claim/service may have been provided in a previous payment
- 97 – The benefit for this service is included in the pymt/allowance for another service/procedure that has already been adjudicated

Issues

1. Has the Designated Doctor (DD) examination been reimbursed appropriately per 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to reimbursement for the disputed services under 28 Texas Administrative Code §134.204?
3. Is the requestor entitled to reimbursement for CPT code 99080-73?

Findings

1. Requestor billed with CPT Code 99456-W5-26 in the amount of 800.00 with two units, 99456-W5-TC in the amount of \$800.00 with two units and 99080-73 in the amount of \$15.00 with one unit for a Maximum Medical Improvement (MMI) and Impairment Rating (IR).

Review of EES-14, DWC-32 (Request for Designated Doctor Examination) supports a request for a Maximum Medical Improvement (MMI), Impairment Rating (IR), Return to Work (RTW), Extent of the employee's compensable injury and disability exam.

Per Administrative Code §134.204 (j) states: "Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows, (1) The total MAR for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR. The MMI/IR examination shall include, (3) The following applies for billing and reimbursement of an MMI evaluation, (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350, (4) The following applies for billing and reimbursement of an IR evaluation, (A) The HCP shall include billing components of the IR evaluation with the applicable MMI evaluation CPT code. The number of body areas rated shall be indicated in the units column of the billing form, (C) For musculoskeletal body areas, the examining doctor may bill for a maximum of three body areas, i) Musculoskeletal body areas are defined as follows, (I) spine and pelvis; (II) upper extremities

and hands; and, (III) lower extremities (including feet), (ii) The MAR for musculoskeletal body areas shall be as follows, (I) \$150 for each body area if the Diagnosis Related Estimates (DRE) method found in the AMA Guides 4th edition is used, (II) If full physical evaluation, with range of motion, is performed, (-a-) \$300 for the first musculoskeletal body area; and (-b-) \$150 for each additional musculoskeletal body area.”

CPT Code 99456-W5-26 is supported.

The total MAR is \$640.00.

Per 28 Texas Administrative Code §134.204 (j) states: “Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows, (3) The following applies for billing and reimbursement of an MMI evaluation, (C) An examining doctor, other than the treating doctor, shall bill using CPT Code 99456. Reimbursement shall be \$350, (4) The following applies for billing and reimbursement of an IR evaluation, (ii) The MAR for musculoskeletal body areas shall be as follows, (II) If full physical evaluation, with range of motion, is performed, (-a-) \$300 for the first musculoskeletal body area; (-b-) \$150 for each additional musculoskeletal body area and (v) If a HCP, other than the examining doctor, performs the range of motion, sensory, or strength testing of the musculoskeletal body area(s), then the HCP shall bill using the appropriate MMI CPT code with modifier "TC." In accordance with §130.1 of this title, the HCP must be certified. Reimbursement shall be 20 percent of the total MAR.”

Therefore, CPT Code 99456-W5-TC reimbursement is not allowed.

2. The requestor billed for CPT Code 99080-73.

CPT Code 99080-73 is defined as “Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form.”

Per 28 Texas Administrative Code §134.204 (I) states: “The following shall apply to Work Status Reports. When billing for a Work Status Report that is not conducted as a part of the examinations outlined in subsections (i) and (j) of this section, refer to §129.5 of this title (relating to Work Status Reports).”

Per 28 Texas Administrative Code § 134.204 (i) states: “The following shall apply to Designated Doctor Examinations, (j) Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows, (1) The total MAR for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR. The MMI/IR examination shall include:, (A) the examination, (B) consultation with the injured employee, (C) review of the records and films, (D) the preparation and submission of reports (including the narrative report, and responding to the need for further clarification, explanation, or reconsideration), calculation tables, figures, and worksheets; and (E) tests used to assign the IR, as outlined in the AMA Guides to the Evaluation of Permanent Impairment (AMA Guides), as stated in the Act and Division rules in Chapter 130 of this title (relating to Impairment and Supplemental Income Benefits).”

CPT Code 99080-73 is not supported as the report shall be included with the MMI/IR examination that was billed (CPT Code 99456-W5-26).

Therefore, no additional reimbursement is due for CPT Code 99080-73.

3. The respondent issued payment in the amount of \$1,525.00. Based upon the documentation submitted, additional reimbursement in the amount of \$120.00 is recommended.

Conclusion

For the reasons stated above, the division finds that the requestor has established that additional reimbursement is due.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$120.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

9/27/13
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.